

Application for Senior Center Volunteers City of Loma Linda



Name: _____ Date of Application: ____/____/____
Last First Initial

Soc. Sec. No.: _____ - _____ - _____ Birth date: _____
(Year Optional)

Address: _____ Mailing Address: _____

(If different)
City State Zip City State Zip

Phone # (Day): () _____ Phone # (Evening): () _____

How did you hear about the City of Loma Linda Senior Center Program?

EXPERIENCE

Company	Position	Length of Time (Mo./Yr. To Mo./Yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____

INTERESTS

Describe any previous volunteer experience: _____

What languages do you speak, other than English? _____

What Special Skills or hobbies do you have? _____

VOLUNTEER PROGRAM PREFERENCES

What days and Hours would you prefer for volunteer at the Loma Linda Senior Center?

Day of Week	Morning	Afternoon	Evening
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH INFORMATION

Do you have a physical or medical problem, which may limit your ability to perform as a volunteer? (Circle one) **Yes - No.** If yes, briefly explain:

Are you currently under medical care?

(Circle one) **Yes - No.** If Yes, briefly explain below:

Who is your physician?

Name: _____ Telephone: _____

Address: _____

Street

City

State

Zip

In case of emergency, who should be notified?

Name: _____ Relationship: _____

Home Phone: _____

Address: _____ Business Phone: _____

Name: _____ Relationship: _____

Home Phone: _____

Address: _____ Business Phone: _____

ADDITIONAL INFORMATION

1. Why do you want to volunteer at the City of Loma Linda's Senior Center?

2. What will our program gain from your participation?

3. What do you hope to gain from participating in our programs?

For additional information, please call the City of Loma Linda Community Development Department at (909) 799-2830. Submit your application to:

Senior Center Board
c/o Community Development Department
25541 Barton Road
Loma Linda CA 92354

Thank you for your interest in volunteering.